

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

Region		Tribe of Consortia			
1	<input type="text"/>		<input type="text"/>		
District, Agency, Member Tribe of Consortia					
3	<input type="text"/>		Fiscal Year	Date of Application	
	<input type="text"/>		<input type="text"/>	<input type="text"/>	
4	Last Name of Applicant	First Name	Suffix	Enrollment #	Category:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Household Income:	Family Size	Income		Pts
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="0"/>
6	Aged Person:	<input type="text"/>			<input type="text" value="0"/>
7	Disabled Individual:	<input type="text"/>			<input type="text" value="0"/>
8	Dependent Children:	Under age 18	<input type="text"/>		<input type="text" value="0"/>
9	Homeless/ Dilapidated	<input type="text"/>		Homeless	<input type="text" value="0"/>
10				Dilapidated	<input type="text" value="0"/>
11	Overcrowded	<input type="text"/>			<input type="text" value="0"/>
12	Veteran	<input type="text"/>			<input type="text" value="0"/>
13	Are you applying for DownPayment Assistance, provide a Certificate of Eligibility letter from Lender.			<input type="text"/>	<input type="text" value="0"/>
14	HIP Eligibility requirements 25 CFR Part 256 effective after 12/10/15			Subtotal	
15	You are on the waiting list and have obtained a denial letter from the Local Housing Authority.			<input type="text"/>	
16	You have received prior Federal Housing Assistance from the Housing Improvement Program (HIP).			<input type="text"/>	
17	You have received Federal Housing Assistance from NAHASDA after 1996.			<input type="text"/>	
18					<input type="text" value="0"/>
19	N/A means "Not Eligible" for Housing Assistance under the BIA HIP program.			Eligibility Status	<input type="text" value="0"/>
20	If known, please provide an estimated start date to renovate or build new!			<input type="text"/>	
21	If known, please provide an estimated cost to renovate or build new!			<input type="text"/>	
22	Date of Evaluation:	<input type="text"/>		See instructions on printing	
23	Name of Evaluator:	<input type="text"/>			
24	Contact Number:	<input type="text"/>			

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.